

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator Cherwon State Permit No. 50739
Address 10691 E. Carter Rd. Suite 201 USEPA Permit No. MI-009-20-012
Traverse City Mi 49684-5499 Date of Test 1/17/13 ✓
Well Name DEVRIESE B 3-8 ✓ Well Type 2 D

LOCATION INFORMATION NE Quarter of the SW Quarter of the NE Quarter
of Section 8; Range 6W; Township 30N; County Antrim;
Company Representative Ray Mitchell; Field Inspector Ray Mitchell;
Type of Pressure Gauge Barton Press Reader inch face; 500 psi full scale; 5 psi increments;
New Gauge? Yes ☐ No ☒ If no, date of calibration _____ Calibration certification submitted? Yes ☐ No ☐

<p>TEST RESULTS Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells. For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure. Original chart recordings must be submitted with this form.</p>	<p>5-year or annual test on time? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2-year test for TA'd wells on time? Yes <input type="checkbox"/> No <input type="checkbox"/> After rework? Yes <input type="checkbox"/> No <input type="checkbox"/> Newly permitted well? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Time	Pressure (in psig)		Casing size
	Annulus	Tubing	
<u>0</u>	<u>365</u>	<u>0</u>	<u>4 1/2"</u>
<u>15</u>	<u>367</u>	<u>0</u>	<u>2 7/8"</u>
<u>30</u>	<u>370</u>	<u>0</u>	Packer type _____
_____	_____	_____	Packer set @ <u>1395'</u>
_____	_____	_____	Top of Permitted Injection Zone _____
_____	_____	_____	Is packer 100 ft or less above top of _____
_____	_____	_____	Injection Zone? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	If not, please submit a justification.
_____	_____	_____	Fluid return (gal.) <u>± 2841</u>

Comments: Well Injecting

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 10.95 psi
Test Period Pressure change 5 psi
Test Passed ☒ Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

Ray Mitchell Ray Mitchell 1/17/13
Printed Name of Company Representative Signature of Company Representative Date